

REGISTRAR: Please process the attached AFIADL Form 23.

AFIADL ENROLLMENT APPLICATION															
(TYPE or PRINT clearly. Fill out in accordance with instructions in the AFIADL Catalog)															
<p>1. AUTHORITY: 44 USC 3101; 10 USC 8012; EO 9397. 2. PRINCIPLE PURPOSE: Used for individuals to provide information to AFIADL for enrollment in a specific correspondence study course. 3. ROUTINE USE: To provide AFIADL course enrollment. 4. DISCLOSER: Voluntary. However, if information is not provided, enrollment cannot be accomplished.</p>															
1. AFIADL COURSE NUMBER						2. SOCIAL SECURITY NUMBER						3. IDENTITY CODE/ CATEGORY			
														7	
4. NAME (Last First Middle Initial)										5. PAY GRADE			6. REASON FOR ENROLLMENT - CODES		
7. ADDRESS (OJT enrollee use address of Unit Training Office)										8. TCO PHONE (DSN) N/A			L <input type="checkbox"/> MANDATORY		
										9. COURSE TITLE			N <input type="checkbox"/> VOLUNTARY		
													10. SIGNATURE AND TITLE OF APPROVING OFFICIAL		
ZIP CODE						—						SIGNATURE			
11. ZIP CODE/SHRED OF TEST CONTROL FACILITY										TITLE					